



**Mennonite
Church
Manitoba**

CAMPS WITH MEANING

ASSINIBOIA * KOINONIA
200-600 Shaftesbury Blvd., Winnipeg MB R3P 2J1,
Phone (204) 895-2267 (CAMP), fax (204) 832-7804,
email: camps@mennochurch.mb.ca

Please attach recent
photo here!

2019 Winter Retreat for Adults with Disabilities Application and Medical Form

Please answer all questions. Note that forms containing incomplete information will be returned.

PERSONAL DATA

Camper's Name _____ M F Birth Date _____ Age _____
(Last) (First) (D/M/Y)

Can camper identify self? with address? Phone _____

COMPLETE Mailing address: _____ P Code _____
Box/Street No. City Pr

Our staff can offer limited assistance with self help in the tasks on page 3. **Camper's who are prone to excessive wandering, who need high levels of care and assistance, or who need constant supervision must be accompanied by a one-to-one worker.** Please indicate here if you can/will provide a one-to-one worker for this applicant. Name _____

Email _____ Has camper attended one of Camps with Meaning camps before? Yes No

Person completing application _____ Phone No. _____

Relationship to Camper _____ Contact Person available (with phone no.): _____

Provincial Health Registration Number (6 digit) _____ Personal Health Number (9 digit) _____

Other Medical Plans _____

Community Services Worker Name: _____ Phone _____

Pick-up/Drop-off: Please provide the name and phone number of person(s) transporting the camper:

Drop-off name _____ Ph _____ Pick-up name _____ Ph _____

**PLEASE NOTE THAT THE PERSON TRANSPORTING THE CAMPER MUST BE
A CAREGIVER WHO CAN CLARIFY MEDICAL QUESTIONS.**

Emergency Notification

Persons named here must be **AVAILABLE DURING THE CAMP SESSION** to provide information about the camper and to arrange return transportation for the camper if it becomes necessary for the camper to return home before the end of the week for medical or behavioural reasons. They may be listed by consent only. 2 names must be listed.

1. Name _____ Home ph _____ Bus. Ph _____

Address _____ Relationship to camper _____

2. Name _____ Home ph _____ Bus. Ph _____

Address _____ Relationship to camper _____

----- **This section for camp use only** -----

MEDICAL RECORD

Date	Ailment	Treatment

Signature of Camp Nurse _____ Date _____

INSTRUCTIONS FOR COMPLETING THE FOLLOWING: This form is to be completed by primary caregiver. Please help us to provide a safe, healthy and enjoyable time for your camper by providing us with the most **complete** information you can. This way we can ensure that we have appropriate staff and accommodations to meet their needs. This complete form must be on file in the camp office prior to attendance. No camper will be admitted without current health information.

Please print legibly.

GENERAL INFORMATION

Please share any information which will help in preparing a quality camp experience for this camper. Our goals are to provide opportunities for building friendships, growth in social skills, physical recreation (indoors and outdoors) and Christian worship and teaching. To aid us in accomplishing these goals please inform us of **all** disabilities, impairments, special needs or behavioural considerations. We will use this information to determine appropriate staffing levels and ensure that the necessary accommodations are available.

Camper's Occupation _____ Place of Work _____

Has camper been away from home? Y N Attended camp before? Y N

Outdoor interests _____

Indoor interests _____

Favourite music, possessions, hobbies _____

During camp this camper may like to experience:

- | | | | | | |
|------------------------------------|-----------------------------------|--|---------------------------------|-----------------------------------|-------------------------------------|
| <input type="radio"/> archery | <input type="radio"/> sleig | <input type="radio"/> ping pong | <input type="radio"/> puzzles | <input type="radio"/> Bible study | <input type="radio"/> outdoor games |
| <input type="radio"/> sleigh rides | <input type="radio"/> broomball | <input type="radio"/> snowshoeing | <input type="radio"/> colouring | <input type="radio"/> drama | <input type="radio"/> foosball |
| <input type="radio"/> nature study | <input type="radio"/> arts/crafts | <input type="radio"/> listening to stories | <input type="radio"/> campfires | <input type="radio"/> horseshoes | |
| <input type="radio"/> singing | <input type="radio"/> skiing | <input type="radio"/> hiking/walking | | | |

Does camper:

- | | | |
|--|--|---|
| Y N | Y N | Y N |
| <input type="radio"/> <input type="radio"/> like to try new things? | <input type="radio"/> <input type="radio"/> share with others? | <input type="radio"/> <input type="radio"/> likes to be alone often? |
| <input type="radio"/> <input type="radio"/> follow two part instructions? | <input type="radio"/> <input type="radio"/> participate in group activities? | <input type="radio"/> <input type="radio"/> enjoy people? |
| <input type="radio"/> <input type="radio"/> get encouraged by praise? | <input type="radio"/> <input type="radio"/> understand game rules? | <input type="radio"/> <input type="radio"/> keep track of own possessions? |
| <input type="radio"/> <input type="radio"/> initiate own activity choices? | <input type="radio"/> <input type="radio"/> have active days? | <input type="radio"/> <input type="radio"/> need help relating to opposite sex? |
| <input type="radio"/> <input type="radio"/> take mid-day naps? | <input type="radio"/> <input type="radio"/> take care of own money/wallet? | <input type="radio"/> <input type="radio"/> tell untruths or exaggerate? |
| <input type="radio"/> <input type="radio"/> bite/hit/hurt others | <input type="radio"/> <input type="radio"/> sleep through the night? | <input type="radio"/> <input type="radio"/> break other's belongings? |
| <input type="radio"/> <input type="radio"/> bites self? | usual bed time ____:____ | |
| <input type="radio"/> <input type="radio"/> like to hide or run away? | wake-up time ____:____ | |
| <input type="radio"/> <input type="radio"/> smoke | unusual sleep habits _____ | |
| <input type="radio"/> <input type="radio"/> need supervision? | <input type="radio"/> <input type="radio"/> steal from others? | |
| | <input type="radio"/> <input type="radio"/> have tantrums? | |

For the questions below use separate sheet if additional space is needed. Please mark N/A if question is not applicable.

• Please list any compulsive behaviours and appropriate/necessary responses for staff to take: _____

Response: _____

• Please list any emotional needs you anticipate: _____

Response: _____

• Please list any self-abusive behaviours and potential causes: _____

Response: _____

• Please list any idiosyncrasies, likes or dislikes: _____

Response (if necessary): _____

• Please list any communication aids: _____

• Please list any daily habits or routines: _____

• Please list any other special needs: _____

Sleeping preference: top bunk bottom bunk preferred bottom bunk necessary either

• Campers with seizure disorders or limited mobility please indicate **bottom bunk necessary**.

• Camper should not be placed in the same cabin as _____

BEHAVIOURAL INFORMATION

Please note that we cannot accept violent campers. Caregivers will be asked to take home campers who endanger other campers or staff. Please be thorough and clear in your answers.

Please circle **O** (Often) **S** (Sometimes) or **N** (Never)
O S N pushes/shoves others **O S N** pinches/bites self **O S N** pinches/bites others
O S N kicks/hits or abuses others **O S N** throws objects at others **O S N** exposes self publicly

List other self abuse or abuse of others: _____

List sexual behaviours unacceptable in public: _____

O S N Does camper ever need to be restrained?

Describe procedure: _____

Please use this space to list any other relevant behavioural information, e.g., *camper yells or screams, is hyperactive* (attach additional sheets if necessary) _____

MEDICAL INFORMATION Please answer all questions

General Information:

Gender: **M F** Hair Colour _____ Eye Colour _____ Height _____
 Weight _____ Dentures _____ Glasses _____ Hearing Aid _____

Please mark **yes** or **no** for each question in this section. Give details where **yes** is indicated. Attach additional sheets if necessary.

ALLERGIES

- Y N**
 food _____
 gluten _____
 insects _____
 animals _____
 plant _____
 drugs _____
 other _____

Describe reaction & severity: _____

DIET RESTRICTIONS

- Y N**
 calorie _____
 amount _____
 cholesterol _____
 low sugar _____
 low salt _____
 food dislikes _____

Diabetic

- insulin injections
 diet controlled

SEIZURES

- Y N**
 epileptic
 subject to seizures
 under medication
 presently controlled
 date of last _____

Type/Description:

Frequency _____
 Duration _____
 Type _____

General Abilities: Mark **all** boxes that are appropriate in each section:

SPEECH

- good speech
 speech impaired
 non-verbal
 signs/gestures
 writes
 makes needs known

SIGHT

- good vision
 legally blind
 totally blind
 night blind
 eye disease
 needs guide

EATING/DENTAL

- serves self appropriately
 needs assistance eating
 eating disorder
 missing teeth/chewing problem
 poor dental hygiene
 dental hygiene assistance needed
 eats slowly

FEARS

- water
 dark
 animals
 crowds
 heights
 other

HEARING

- hears well
 totally deaf
 legally impaired
 impaired left
 impaired right
 impaired both

MOBILITY

- walks well
 difficulty walking
 good balance
 poor balance
 uses walker

SHOWERING

- prefers shower
 prefers bath
 prefers morning
 prefers bedtime
 showers self
 needs reminding

TOILETTING

- toilets self
 needs reminding
 needs assistance How?

 wet nights: how is this dealt with?

 wet days: how is this dealt with?

 uncontrolled bowels/wears briefs

DRESS

- independently dresses
 some help needed
 must be dressed

Campers who are prone to excessive wandering, who are using a wheelchair, who need high levels of care and assistance, or who need constant supervision must be accompanied by a one-to-one worker.

NOTE: Campers with wet nights are required to provide washable bedding and/or sleeping pad.

MENSTRUATION: Camper menstruates **Y** **N** Expect cycle at camp **Y** **N** Expect discomfort **Y** **N**

List treatment for cramps/discomfort during cycle: _____

Describe any assistance needed by camper for toileting or dressing during menstruation: _____

ALLERGIES: specify severity/treatment _____

PHYSICAL CONDITIONS: any known heart conditions, strokes, etc: _____

MEDICAL CONDITION: e.g. Downs Syndrome, Fetal AS, etc. _____

PHYSICIAN'S NAME, CLINIC NUMBER _____

Please indicate if camper has a history of any of the following:

- | | | | | |
|--|--|----------------------------------|--|--|
| <input type="radio"/> chicken pox | <input type="radio"/> stomach trouble | <input type="radio"/> hernia | <input type="radio"/> sinus trouble | <input type="radio"/> bleeding/clotting |
| <input type="radio"/> appendectomy | <input type="radio"/> tubes in ears | <input type="radio"/> asthma | <input type="radio"/> convulsions | <input type="radio"/> disorder |
| <input type="radio"/> ear infection/aches | <input type="radio"/> tuberculosis | <input type="radio"/> fainting | <input type="radio"/> sleepwalking | <input type="radio"/> circulation problems |
| <input type="radio"/> hepatitis B carrier | <input type="radio"/> high blood pressure | <input type="radio"/> nightmares | <input type="radio"/> hay fever | <input type="radio"/> urinary/GI track problems |
| <input type="radio"/> heart defect/disease | <input type="radio"/> psychotic behaviours | <input type="radio"/> thyroid | <input type="radio"/> hyperactive disorder | <input type="radio"/> frequent headaches |
| <input type="radio"/> arthritis | <input type="radio"/> depression | <input type="radio"/> mumps | <input type="radio"/> heart condition | <input type="radio"/> attention deficit disorder |
| <input type="radio"/> penicillin allergies | <input type="radio"/> polio | <input type="radio"/> herpes | <input type="radio"/> stroke | |

Please note frequency, severity, treatments and response to above: _____

Medication: Self-medication is NOT an option at camp. All campers will be required to leave medications with the camp nurse.

What is camper's present medical condition or diagnosis? _____

Please list below any current health issues and medication (prescription and non-prescription) and dosage, if any.

HEALTH ISSUE	MEDICATION	DOSAGE	ADMINISTRATION
e.g. ADD	Ritalin	two tablets	with meals 3 x daily
_____	_____	_____	_____
_____	_____	_____	_____

It is mandatory that each camper's medication, INCLUDING NON-PRESCRIPTION DRUGS, be prepared in a blister or bubble pack with camper name, doctor name and medication instruction. Failure to do this will result in a \$25 per camper surcharge.

I verify that the above information is correct.

➔ **Signature:** _____ **Date:** _____

AUTHORIZATION CERTIFICATE

I will notify the camp regarding the person herein described (a) if medication needs change or (b) is exposed to an infectious disease during the three weeks prior to camp. In the case of a medical emergency, I understand every effort will be made to contact the parents or guardians. In the event that I cannot be reached, I hereby give permission to the physician selected by the camp director or designate to hospitalize, secure prompt treatment, order injection, anaesthesia or surgery for the person named above. I understand that the nearest hospitals are as follows: for Camp Moose Lake: Roseau, Minnesota; for Camp Koinonia: Boissevain, MB; for Camp Assiniboia: Grace Hospital, Winnipeg. In the event of medication, medical advice, treatment and/or equipment are required, I agree to accept financial responsibility in excess of the benefits allowed by Provincial Health and/or Medical Insurance. In case of sickness, the camp nurse may administer medication or treatment as necessary.

I agree to resolve any matter involving any personal injury or property damage, however caused, including through anyone's negligence, through negotiation, medication, or arbitration; and that in any such case, the total liability of the Mennonite Church Manitoba, the members of its Executive and Committees, and Camp Administrators, staff and volunteers, shall be limited to that amount for which the MCM is insured; and I acknowledge that this limitation is being taken by Camp Administrators as agents for all persons benefiting there from. I give permission for any photographs, videos or other pictures to be used in camp promotional and training material and brochures without any financial compensation.

➔ _____ Date _____

Clearly **PRINT** name of parent/guardian _____

The parents/guardians/campers submitting this application give permission for any photography, videos or other pictures of the applicant camper to be used in camp promotional material and brochures without any financial compensation or additional consent. **NOTE: If you do not wish to grant permission, please contact the office.**